Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS5069HIC	A. BUILDING _____ B. WING _____	C 09/24/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
L&M RESIDENTIAL CARE FACILITY 2	9550 GONDALIER ST LAS VEGAS, NV 89178

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 000	Initial Comments Surveyor: 28264 This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility on 9/24/09. This State Licensure survey was conducted by authority of NAC 449, Homes for Individual Residential Care, adopted by the State Board of Health on November 29, 1999. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The census at the time of the survey was one resident and one boarder. One resident file was reviewed. Complaint #NV00023230 was substantiated. See Tag H0019.	H 000		
H 019	Director Duties-No FA/CPR NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall: 4. Ensure that a caregiver, who is capable of meeting the needs of the residents and has been trained in first aid, and cardiopulmonary resuscitation, is on the premises of the home at all times when a resident is present. This Regulation is not met as evidenced by: Surveyor: 28264	H 019		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H 019	Continued From page 1 Based on record review, observation and interviews on 9/24/09, the director failed to ensure that there was a caregiver to supervise 1 of 1 residents on 9/24/09 (Resident #1). Findings include: The Bureau received information at 4:45 PM on 9/24/09 that the facility did not have a caregiver in the home. Attempts were made to contact the facility's director, who did not answer the phone calls. A message was left concerning the issue at the facility. A phone call to the facility at 5:15 PM confirmed there was no caregiver present. The person on the other end of the line identified herself as a boarder and indicated that there was no caregiver to talk to on the premises. An onsite visit was conducted at 5:30 PM on 9/24/09, and an interview was conducted with the boarder. The Boarder stated she was acting in the capacity of a caregiver for the one resident in the facility. The boarder reported she did not have a copy of her rental agreement but provided an expired cardiopulmonary resuscitation (CPR) and first aid card that expired in 2004. The boarder did not have evidence of tuberculosis (TB) testing. The surveyor saw and spoke to Resident #1. The resident reported she was doing fine. The surveyor determined that the resident was not in immediate jeopardy but that there was no caregiver on the premises.	H 019		